

**CITY OF STOCKTON
VOLUNTEER SERVICES**

VOLUNTEER APPLICATION FORM - fill out then print

Name _____

Date _____

Address _____

Street _____

City/State _____

Zip _____

Home Phone _____ Work Phone _____ SSN _____

Are you at least 18 years old? _____ If not, please state your age. _____

Driver's License # _____ State _____ Class _____ Exp. _____

In case of emergency, please notify:

Name

Phone #

Doctor's Name _____

Address _____

Phone # _____

Are you a High School Graduate (or earned G.E.D.)? _____

College or University Attended (Include dates attended and major or degree)

Certificate of Training, Licenses, or Professional Registration

WORK EXPERIENCE (Paid or Volunteer)

Approximate
Dates

Job Title/
Duties

Type of Volunteer Work Desired

Special Interests or Skills

What do you hope to gain through your volunteer experience?

VOLUNTEER SCHEDULE:

Number of hours you wish to volunteer:

	Up to 4 Hours/Week		4-8 Hours/Week			Other	
Days Available:							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun

Morning

Afternoon

Evening

How did you find out about the City of Stockton Volunteer Services?

Have you ever been convicted of a crime? Yes ____ No ____

(Do not include minor traffic offenses or any offense committed prior to your 18th birthday.)

Have you ever been discharged from a position? ____ *

* If yes, you should be prepared to discuss details and circumstances during the placement interview. You may use the "Remarks" section below to provide more information if you wish.

REMARKS:

Print and mail or deliver to:
City of Stockton Office of Volunteer Services, 425 N. El Dorado, Stockton, CA 95202
209-937-8097